



1654

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/078,247	
	Filing Date	February 14, 2002	
	First Named Inventor	Paul A. Wender	
	Art Unit	1654	
	Examiner Name	Satyanarayan R. Gudibande	
Mail Stop	Amendment	Attorney Docket Number	8400-0013

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee(s) due: \$ <u>60.00</u> <input checked="" type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commission is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> 1-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-1449 Form(s) <input type="checkbox"/> Cited reference copy(ies) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input checked="" type="checkbox"/> Drawing(s) - 15 Sheets <input type="checkbox"/> Compact Disk(s) - __ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s) (see remarks):  Claim Count <table border="1"><thead><tr><th></th><th></th><th></th><th>Extra Claims</th><th>New Claim No.</th></tr></thead><tbody><tr><td>Total Claims</td><td>35</td><td>- 35 =</td><td>0</td><td>0</td></tr><tr><td>Independent Claims</td><td>2</td><td>- 2 =</td><td>0</td><td>0</td></tr></tbody></table>				Extra Claims	New Claim No.	Total Claims	35	- 35 =	0	0	Independent Claims	2	- 2 =	0	0
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Total Claims	35	- 35 =	0	0													
Independent Claims	2	- 2 =	0	0													

**REMARKS**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name (print/type)	Carol A. Schneider, Ph.D., J.D., Reg. No. 34,923 Reed Intellectual Property Law Group	Telephone	(650) 251-7700
Signature	<i>Carol A. Schneider</i>	Date	December 13, 2005

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Yesenia Garcia	Date	December 13, 2005
Signature	<i>Yesenia Garcia</i>		